

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE	3290
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	SS NUMBER 069-24-3138 RETURN TO CIA	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 007667 Background Use Only Do Not Reproduce	
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) <input checked="" type="checkbox"/>	ID CARD NUMBER	
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	
REF:	FORM 2458, DATED 19 JUNE 1974		<input type="checkbox"/> DISCONTINUED	
SUBJECT	CHARLOTTE BUSTOS-VIDELA	UNIT	99	
			DEPARTMENT OF STATE	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> BASIC COVER PROVIDED <input type="checkbox"/> EOD EFFECTIVE DATE _____	EFFECTIVE DATE: _____		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <input type="checkbox"/> TDY <input type="checkbox"/> OTHER (Specify) _____	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HQB 20-11)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HQB 20-7)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HQB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <input type="checkbox"/> STATE W-2 TO BE ISSUED. (HQB 20-11) 99	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA. CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <input type="checkbox"/> AGE HOSPITALIZATION CARD			

REMARKS AND/OR COVER HISTORY

27 AUG 51--AUG 62-BS-OVERT
 AUG 62-JULY 67-BS-[DAC] 99 99
 JULY 67-10 AUG 72-MEXICO-STATE-10114
 1 SEPT 72-27 JUNE 74-BS-[DAC] 99
 28 JUNE 74-TRINIDAD-STL-101012 1631

DISTRIBUTION:
 COPY 1 - CD OR CPD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SR&CD
 COPY 4 - OC/DO/TFB
 COPY 5 - CCS-FILE

EP:mlr

FORM 1-74 1551 USE PREVIOUS EDITION

CHIEF, OFFICIAL COVER BRANCH, COVER 640 COMMERCIAL STAFF

SECRET

E-2, IMPDET CL BY: 007622

13-20

6/BR